+

HLSC/CHYS 3P80
Evidence Synthesis
Library Seminar
Fall 2023

Ian Gordon

Ian Gordon, Teaching & Learning Librarian

Brock University Library

Library Seminar Agenda

- Top 10 resources you should know about!
- Evidence synthesis 101 – Rapid Reviews
- Brock Library Systematic Reviews & Evidence Syntheses Library Research Guide
- Brock Library HLSC/CHYS Library Research Guides
- Scholarly databases – lots of them!
- Being a competent searcher/researcher
- Where, how and when to get help

Health Sciences

WELCOME

ARTICLES

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ADDITIONAL COURSE GUIDES

Health Sciences

What is this guide for?

This guide has been designed as a general program guide and is curated by Brock librarians. It features links to most often used resources such as databases for books, peer-reviewed journal articles, theses, dissertations, open educational resources (OEDs), patents, standards, and more. Use the tabs on the left to navigate through the web page.

Selective course-related guides are provided when appropriate every term.

HLSC Library Seminar: Literature Reviews: Strategies and Resources to be Successful! (June 2023) ppt slides (PDF) & video.

Doing a Literature Review in Health and Social Care: A Practical Guide (2023)

HLSC 2P00 Library Seminar ppt slides (PDF)

HLSC/CHYS 3P80 Fall 2023 Evidence Synthesis Library Seminar ppt slides (PDF) & video.

Need Help?

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Attribution

LIBRARY MODULES

There are two Library Modules to be completed on *Brightspace*:

1) <u>Module 1</u> deals with how to develop a research topic. It includes the development of a 150-200 word proposed research project for your final paper – a rapid-review literature review (see Writing Assignments below. F6urther details will be provided in class).

2) <u>Module 2</u> will review interactive learning modules on library literature searching, covering topics such as peer review, scholarly sources, developing a systematic search strategy, and finding articles in OMNI and other search engines. The second module includes a series of multiple-choice quiz questions to assess library literature searching skills.

Both modules must be completed before their assigned deadlines or students will receive a mark of zero (0). **As you have multiple weeks to complete these assignments, there will be no allowance made for late/missed modules for any reason including medical, religious, or academic accommodations**.

2) Annotated Bibliography

Students are to submit a brief annotated bibliography prior to their final paper. The purpose of the annotated bibliography is to ensure progress in your major term paper (rapid review) and ensure you have found an adequate number of sources and that the selected articles are relevant and appropriate for your final paper topic. Include an introduction based on your Library Module 1 proposed research project and research question. This will guide the inclusion and discussion of the relevant articles in this assignment. Annotations should be brief summaries of the article (~2-4 sentences). Students *will summarize* (**in their own words**) each study's main objective (e.g., research questions), method/sample, main finding(s), and key limitations/strengths. Students *should also* include a sentence regarding the relevance of each article to the topic and why it was included (if unclear). ***Late papers will be penalized at 10% per day (each 24 hour period).*** Students are required to submit their papers to Turnitin.com, phrase-matching software. If you object to uploading your assignments to Turnitin.com for any reason, please notify the instructor in advance to discuss alternatives. The assignment must be submitted through ***Brightspace*** – no exceptions. (see Section 5 below). **As you have multiple weeks to complete this assignment, there will be no allowance made for late/missed modules for any reason including medical, religious, or academic accommodations.**

Help with writing annotated bibliographies:

Annotated Bibliographies (Brock Library Digital Learning object)
https://brocktnl.github.io/annotated-bibliographies/

Writing the Annotated Bibliography: A Guide for Students & Researchers (Brock Library ebook, 2020)

Tips for Writing an Annotated Bibliography (Comm Library)
https://libguides.com.edu/annotated

Writing an Annotated Bibliography (UofT Writing Advice)
https://advice.writing.utoronto.ca/types-of-writing/annotated-bibliography/

A Short Guide to Annotated Bibliographies (YouTube, Ontario Tech University, 3:42)
https://www.youtube.com/watch?v=yAgmmJV3RlU

Write an Annotated Bibliography (Guelph Library)
https://guides.lib.uoguelph.ca/AnnotatedBibliography

Annotated Bibliographies (UNC Chapel Hill)
https://writingcenter.unc.edu/tips-and-tools/annotated-bibliographies/

https://researchguides.library.brocku.ca/HLSC

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Additional Course Guides

HLSC/CHYS 3P80 resources

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Tips for Writing an Annotated Bibliography (Comm Library)

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A Short Guide to Annotated Bibliographies (YouTube, Ontario Tech University, 3:42)

Write an Annotated Bibliography (Guelph Library)

Annotated Bibliographies (UNC Chapel Hill)

Rapid review resources:

PRISMA Checklists http://prisma-statement.org/

What are Rapid Reviews? (University of Toronto Library)

Systematic, scoping, and rapid reviews: An overview (Simon Fraser University Library)

Rapid Review Resources (PDF, McMaster Health Forum)

Rapid Review Guidebook: Steps for Conducting a Rapid Review (PDF, NCCMT)

3) Final Student Paper

The final paper will (most likely) be based on your research proposal and annotated bibliography and will be an individual effort (*and, as such, independence of work is expected*). The final paper will be based on a ***rapid review*** style of the literature following the PRISMA guidelines. Requirements for the paper will be discussed further as we progress through the course. Students are required to submit their papers to Turnitin.com, phrase-matching software. If you object to uploading your assignments to Turnitin.com for any reason, please notify the instructor in advance to discuss alternatives. The paper must be submitted through ***Brightspace*** – no exceptions. ***Late papers will be penalized at 10% per day (each 24 hour period).*** Students are expected to follow all guidelines for proper citations, referencing, etc. consistent with meeting academic integrity (see Section 5 below). **As you have multiple weeks to complete this assignment, there will be no allowance made for late/missed modules for any reason including medical, religious, or academic accommodations.**

Is ADHD associated with increased risk of obesity in children?

Library Seminar Agenda

- Top 10 resources you should know about!
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- Being a competent searcher/researcher
- Where, how and when to get help

Top 10 resources you should know about!

1. zoterobib – citation citing https://zbib.org/
2. Zotero – citation management software https://www.zotero.org/
3. Rapid reviews' protocols, frameworks and reporting guidelines
4. Scholarly databases to include MEDLINE via OVID, via PubMed, via Web of Science Complete
5. MeSH (Medical Subject Headings) – How do they work?
6. Alternate scholarly databases
7. Covidence database – evidence synthesis screening
8. Documenting findings using PRISMA reporting guidelines and references
9. When, where and how to get help!
10. How to book a consultation

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This Course: HLSC/CHYS 3P80 Child Health

Course Calendar Description:

Exploration of the biological, psychological & sociological determinants of children's health.

Additional Description:

This course will examine health and development issues among children in Canada.

It will take a complementary biopsychosocial perspective to explore both the physical and mental health aspects of children from infancy through adolescence and early adulthood.

The main goal of the course is to introduce students to a broad way of thinking about child health, integrating the biomedical model and the biopsychosocial model to critically evaluate current policies and perceptions of health and health services.

What is evidence synthesis?

EVIDENCE SYNTHESIS

- Synthesized evidence is considered:
  - less biased
  - more rigorous
  - more generalizable

- Hierarchy of pre-processed evidence →

Image: https://libguides.lib.umanitoba.ca/c.php?g=297452&p=4467117
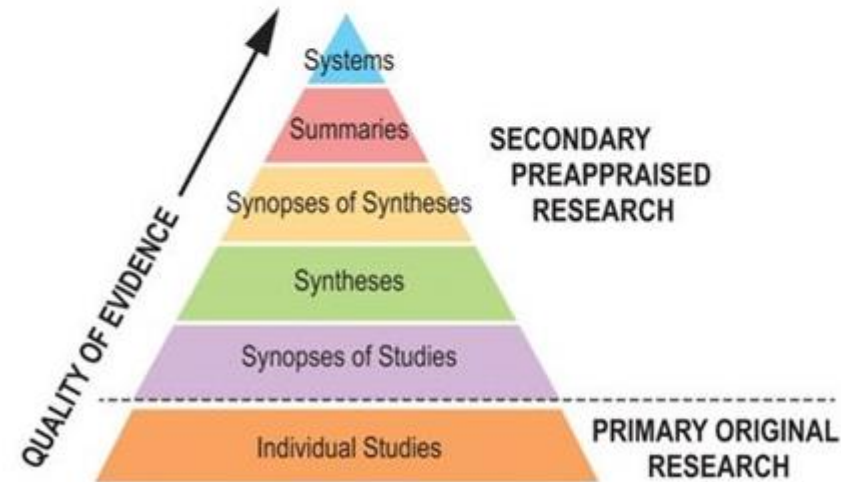
Image: Duke University Library https://guides.mclibrary.duke.edu/ebm/home

Image: Duke University Library https://guides.mclibrary.duke.edu/ebm/home
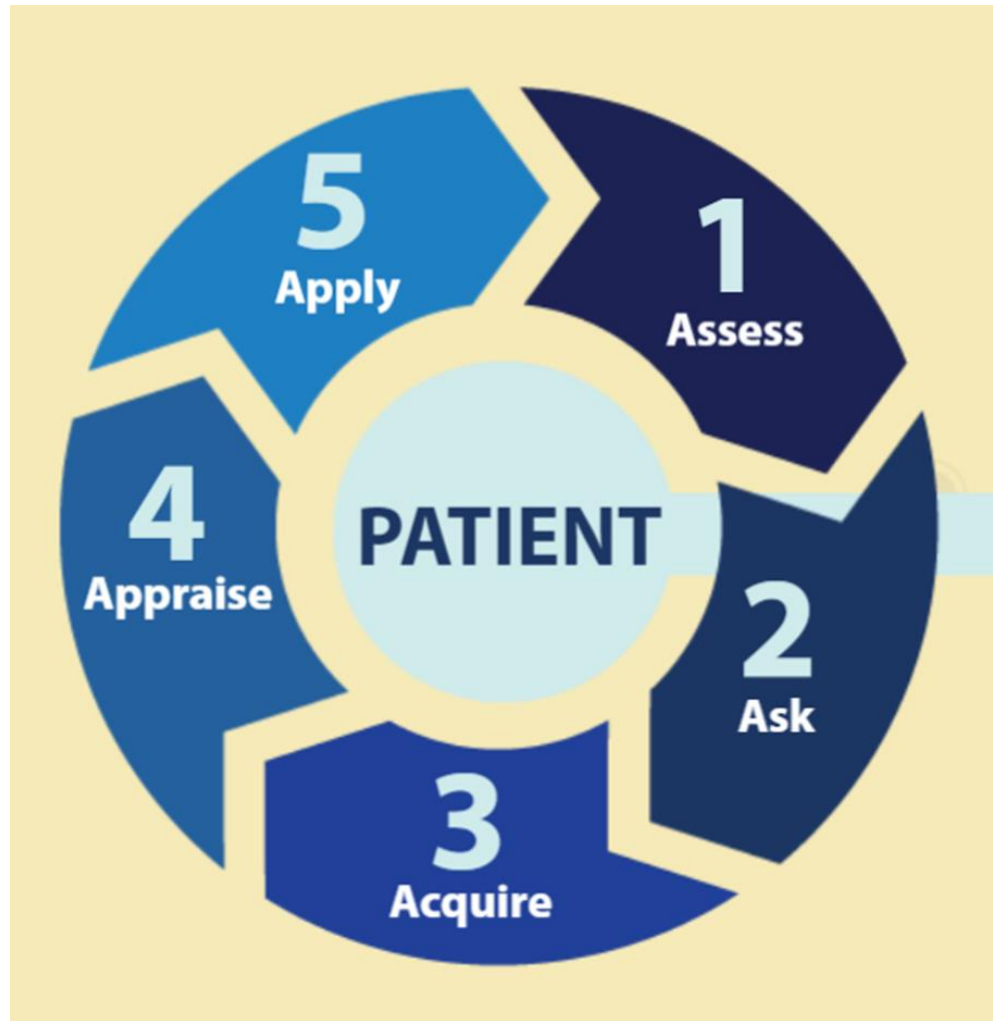
STEPS IN EVIDENCE SYNTHESIS

Evidence synthesis generally involves these steps:

- Stating the objectives of the research
- Defining eligibility criteria for studies to be included and excluded
- Identifying (all) potentially eligible studies
- Screening for inclusion and exclusion
- Extracting data from the final set of screened studies
- Appraising the final set of studies
- Applying statistical analysis, if applicable
- Preparing a structured report of the research

Image: CIHR. (n.d.) A knowledge synthesis chapter: Stages of knowledge synthesis

Traditional Reviews
- Critical Review
- Integrative Review
- Narrative Review
- State of the Art Review

Rapid Reviews
- Rapid Review
- Rapid Evidence Assessment
- Rapid Realist Review

Qualitative Reviews
- Q Evidence Synthesis
- Q Interpretive Meta-synthesis
- Q Meta synthesis
- Framework Synthesis
- Meta aggregation
- Meta ethnography
- Meta-interpretation
- Meta-Narrative Review
- Meta-study
- Meta-summary
- Thematic Synthesis

Review of Reviews
- Umbrella Review
- Review of Reviews

Review Families

Mixed Method Reviews
- Mixed Methods Synthesis
- Narrative Synthesis
- Meta-narrative Review
- Bayesian Meta -analysis
- EPPI Centre Review
- Critical Interpretive Synthesis
- Realist Synthesis

Systematic Reviews
- Systematic Review
- Meta-analysis
- Comparative Effectiveness Review
- Diagnostic Systematic Review
- Network Meta-analysis
- Prognostic Review
- Psychometric Review
- Review of Economic Evaluations
- SR of Epidemiology Studies

Purpose Specific Reviews
- Scoping Review
- Mapping Review
- Systematised Review
- Concept Synthesis
- Expert Opinion – Policy Review
- Technology Assessment Review
- Methodological Review
- Systematic Search and Review

Image: The University of Melbourne Library https://unimelb.libguides.com/whichreview

Reviews that are grouped within this family due to the abbreviated approach to the typical review methodology processes. This may include the search, appraisal and reporting so that the review is completed in a time-efficient manner to fit within project deadlines. (Moher et al., 2015).
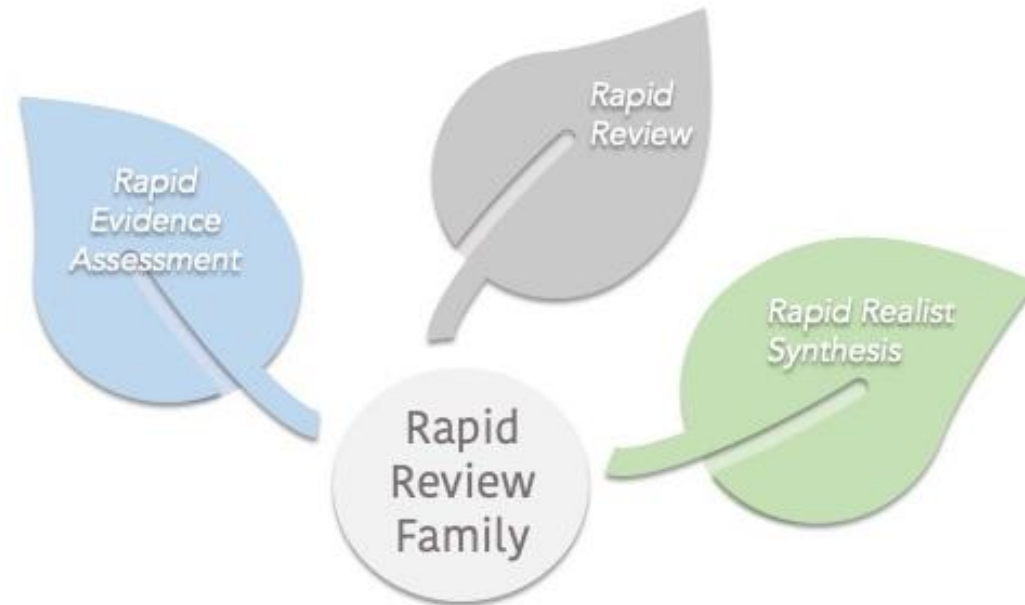
WHY ARE THEY MORE RAPID?

"a type of knowledge synthesis in which **components of the systematic review process are simplified or omitted to produce information in a short period of time.."**

May use:

- Very narrow research question
- Less sophisticated search strategies
- Search fewer sources
- Simple, descriptive quality appraisal

↑ Validity   Bias ↓

Rapid review resources:

PRISMA Checklists
http://prisma-statement.org/

What are Rapid Reviews? (University of Toronto Library)
https://guides.library.utoronto.ca/c.php?g=713309&p=5083943

Systematic, scoping, and rapid reviews: An overview (Simon Fraser University Library)
https://www.lib.sfu.ca/about/branches-depts/rc/writing-theses/writing/literature-reviews/systematic-scoping-rapid-reviews

Rapid Review Resources (PDF, McMaster Health Forum)
https://wrww.mcmasterforum.org/docs/default-source/covidend/spor-resources/sporea_rapid-review-guidance-resources.pdf?sfvrsn=1bfb59d5_5

Rapid Review Guidebook: Steps for Conducting a Rapid Review (PDF, NCCMT)
https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf

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https://brocku.ca/library/systematic-reviews/

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Brock University > Brock University Library > Research Support > Systematic Reviews & Evidence Syntheses

IN THIS SECTION

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BOOK A CONSULTATION

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WATCH A VIDEO TUTORIAL

USE A RESEARCH GUIDE

FIND CITATION HELP

> SYSTEMATIC REVIEWS &   ⌄
EVIDENCE SYNTHESES

Intake Form for Evidence Syntheses
Support

MAKERSPACE SUPPORT

DSL TOOLS & TUTORIALS

DATA, GIS & MAP SUPPORT

Connect with us

Support for Systematic Reviews & Evidence Syntheses Research

Key standards organizations (IOM, Cochrane, CIHR, Campbell Collaboration) recommend librarians participate on the research team and/or be involved in developing the research question and literature searching strategy for any evidence synthesis project such as: systematic reviews, scoping reviews, and rapid reviews.

Good to Know

- Guide for Systematic reviews, scoping reviews and other evidence syntheses.

- Evidence synthesis reviews are time-intensive, resource-intensive projects generally not appropriate to assign as course-based projects, particularly for undergraduate students.

- Library support is generally reserved for projects with primary investigators based at Brock

- Learn more about the different types of review articles.

Evidence Synthesis Team

Elizabeth Yates

Kymberly Ash

Ian Gordon

Denise Smith

Systematic reviews, scoping reviews and other evidence syntheses

Overview of evidence synthesis reviews and relevant strategies, tools and resources.

WELCOME

EVIDENCE SYNTHESIS: OVERVIEW

BEFORE YOU START

SYSTEMATIC REVIEWS

SCOPING REVIEWS

DEVELOP A RESEARCH QUESTION

WRITE A PROTOCOL

DEVELOP A SEARCH STRATEGY

DOCUMENTING & REPORTING YOUR SEARCH

MANAGE CITATIONS

SCREENING RESULTS

EXTRACTING DATA & ASSESSING QUALITY

REPORTING RESULTS

Welcome

Evidence Synthesis

What is this guide for?

Welcome to the research guide for Evidence Synthesis.

Use this guide to get oriented to the best practices and resources for conducting evidence synthesis research, including systematic and scoping reviews.

The Library's team of evidence synthesis experts is happy to help!

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Articles

Journal articles are scholarly works that go through a quality control process called peer-review before they are published.

MEDLINE is available via OVID, PubMed, SciFInder-n and Web of Science Complete. Utilize MED Headings) which is the NLM controlled vocabulary thesaurus. Note that the Web of Science Co Science Core Collection, BIOSIS and more...

Several databases provide access to regional, national and international news articles.

A select list of databases that include scholarly articles are listed below.

- Google Scholar ⊠ **Open Access** **Alumni Access**
  - Find Peer-reviewed papers, theses, books, abstracts and articles, from ac societies, repositories, universities and other scholarly organizations
  - Off-Campus access to Brock resources is available to users who configure follows:
    1. Click on Scholar Settings
    2. Select 'Library links' from the left menu
    3. Type Brock in the Library links box, and click the search icon
    4. Select Brock in the resulting list
    5. Click on the 'Save' button
    6. Follow the Find it @ Brock links to access available full-text.

- Web of Science Core Collection ⊠
  - Scholarly resources across all disciplines
  - Access to Cited Reference searching
  - Permitted Uses
  - *more info...*

- MEDLINE - via OVID ⊠
  - International literature on biomedicine, allied health fields and biological and physical sciences, humanities, and information science as they relate to medicine and health care.
  - Coverage: 1946-current
  - Permitted Uses
  - *more info...*

- Embase ⊠
  - Comprehensive biomedical database including more than 30 million records from more than 8,500 journals.
  - Notable coverage of drug and pharmaceutical research, pharmacology and toxicology as well as robust international content.
  - Coverage: 1974-current
  - Permitted Uses

- CINAHL Complete ⊠
  - Cumulative Index to Nursing and Allied Health Literature
  - Covers nursing, allied health, alternative therapies, biomedicine, consumer health, and health administration.
  - Coverage: 1937-present
  - Permitted Uses
  - *more info...*

- PsycINFO ⊠
  - All subjects of psychology and behavioural sciences
  - Find scholarly journal articles, books, book chapters, theses, dissertations and reports
  - Includes PsycARTICLES and PsycBOOKS.
  - Permitted Uses
  - *more info...*

https://researchguides.library.brocku.ca/

Library / Research Guides / Child and Youth Studies / Articles

Child and Youth Studies

Recommended resources for finding research in the field of child and youth Studies

WELCOME

ARTICLES

BOOKS

NEWS SOURCES

DATA, STATS & GOV DOCS

COURSE GUIDES

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Journal Articles

Top 5 recommended subject databases for finding journal articles in the field of Child and Youth Studies.

- ProQuest Sociology Collection ⊠
  - All aspects of sociology and social work
  - Includes ProQuest Sociology Database, Sociological Abstracts, and Applied Social Sciences Index & Abstracts (ASSIA)
  - Permitted Uses

  more info...

- PsycINFO ⊠
  - All subjects of psychology and behavioural sciences
  - Find scholarly journal articles, books, book chapters, theses, dissertations and reports
  - Includes PsycARTICLES and PsycBOOKS.
  - Permitted Uses

  more info...

- Education Source ⊠
  - All levels of education from early childhood to higher education, as well as educational specialties
  - Find scholarly journal articles, books, conference papers and ERIC documents
  - Coverage: 1929-current
  - Permitted Uses

  more info...

- ERIC ⊠
  - The U.S. national database of education literature
  - Covers all aspects of education
  - 2 collections: Resources in Education for document literature (conference papers, books, research reports, dissertations), and Current Index to Journals in Education (published journal literature)
  - Coverage: 1966-present
  - Permitted Uses

  more info...

Recommended Scholarly Databases:

HLSC

Google Scholar
Web of Science Core Collection
Web of Science Complete (which
Includes Web of Science Core Collection,
MEDLINE and other databases...)
Embase
MEDLINE via OVID
CINAHL Complete
PsycINFO

CHYS

ProQuest Sociology Collection
PsycINFO
Education Source
ERIC

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Academic Search Complete, AgeLine, BASE, BioOne Complete, bioRxiv, CINAHL Cochrane, Complete, CORE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Elicit, Embase, ERIC, figshare, Gender Studies Database, Google, Advanced Google, Google Books, Google Scholar, MEDLINE via PubMed, MEDLINE via OVID, MEDLINE via Web of Science Complete, Omni, Open Alex, ORCiD, OSF Preprints, Oxford Reference, Paperity, PLOS, Politics Collection, ProQuest Sociology Collection, Prospero, PsycINFO, ResearchGate, ResearchRabbit, Scholars Portal E-Journals, SciELO, Scite, Scilit, ~~Scopus~~, Semantic Scholar, Sport Discus, The Lens, Web of Science Core Collection, WorldWideScience.org, WorldCat, Zenodo…

https://www.google.ca/

https://www.google.ca/advanced_search

https://brocku.ca/library/

Google Scholar

ADHD obesity child*

About 54,400 results (0.08 sec)

Obesity in men with **childhood ADHD**: a 33-year controlled, prospective, follow-up study
S Cortese, MA Ramos Olazagasti, RG Klein... - ..., 2013 - publications.aap.org
... BMI and **obesity** rates in men with **childhood ADHD** versus those without **childhood ADHD**,
... We also hypothesized that BMI and **obesity** rates would be significantly greater in men with ...
☆ Save 🙶 Cite Cited by 156 Related articles All 14 versions Web of Science: 80 ᐅᐅ

[HTML] nih.gov

Comorbidity between **ADHD** and **obesity**: exploring shared mechanisms and clinical implications
S Cortese, CM Peñalver - Postgraduate medicine, 2010 - Taylor & Francis
... **ADHD** in patients with **obesity** and to look for abnormal eating behaviors as possible contributing
factors of **obesity** in patients with **ADHD**. ... **Obesity** in **childhood** has been reported to be ...
☆ Save 🙶 Cite Cited by 110 Related articles All 4 versions Web of Science: 66

[PDF] tandfonline.com
Find it @ Brock

Obesity and **ADHD**: clinical and neurobiological implications
S Cortese, B Vincenzi - ... of attention deficit hyperactivity disorder and its ..., 2012 - Springer
... in children aged 5–14 years is challenging because there is not a standard definition of
childhood obesity applied worldwide. WHO is currently developing an international growth ...
☆ Save 🙶 Cite Cited by 217 Related articles All 12 versions ᐅᐅ

[PDF] researchgate.net

Association between **ADHD** and **obesity**: a systematic review and meta-analysis
S Cortese, CR Moreira-Maia... - American journal of ..., 2016 - Am Psychiatric Assoc
... (50) concluded that **childhood ADHD** symptoms predicted subsequent **obesity**, rather than
... men with a **childhood** diagnosis of **ADHD** had a twofold higher rate of **obesity** compared with ...
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[HTML] psychiatryonline.org

Recommended Scholarly Databases:

HLSC

Google Scholar
Web of Science Core Collection
Web of Science Complete (which Includes Web of Science Core Collection, MEDLINE and other databases...)
Embase
MEDLINE via OVID
CINAHL Complete
PsycINFO

CHYS

ProQuest Sociology Collection
PsycINFO
Education Source
ERIC

Evidence synthesis

Web of Science Complete
MEDLINE
Embase
Google Scholar
Cochrane
OSF Preprints
Prospero
~~Scopus~~

Is ADHD associated with increased risk of obesity in children?

First: Look for an evidence synthesis resources on your
research question or topic

Web of Science Complete database

Web of Science™

DOCUMENTS

RESEARCHERS

Search in: **All Databases** ∨   Collections: **All** ∨

DOCUMENTS   CITED REFERENCES

| Topic ∨ | Example: oil spill* mediterranean |
| "Attention Deficit*" or Hyperact* or ADHD* | ✕ |

⊖ And ∨ | Topic ∨ | Example: oil spill* mediterranean |
| obesity or obese | ✕ |

⊖ And ∨ | Topic ∨ | Example: oil spill* mediterranean |
| systematic or scoping or rapid or metanalysis or "meta analysis" | ✕ |

+ Add row   **+ Add date range**   Advanced Search

✕ Clear   **Search**

92 results from All Databases for:

                        Analyze Results   **Citation Report**   🔔 **Create Alert**

🔍   **"Attention Deficit*"** or **Hyperact*** or **ADHD*** (Topic) and **obesity or obese** (Topic) and **systematic or scoping or rapid or metanalysis or "meta analysis"** (Topic)   Search

⊕ **Add Keywords** | Quick add keywords: ‹   + BINGE EATING   + SNORING   + ADHD   + INHIBITORY CONTROL   + OVERWEIGHT   + SLEEP DISOR

Refined By: (**NOT** Database: Preprint Citation Index ✕)   (Document Types: Review Article ✕)   (Languages: English ✕)   **Clear all**

Publications   You may also like...   🔗 **Copy query link**

Refine results

🔍 Search within topic...

Quick Filters

☐ 🏆 Highly Cited Papers   8
☐ 🔥 Hot Papers   1
☐ 📄 Review Article   92
☐ 🔒 Open Access   53
☐ 🗄 Associated Data   1

☐ 0/92   **Add To Marked List**   **Export ⌄**   Sort by: Relevance ▾   ‹   1   of 2   ›

☐ 1   Global prevalence of ==obesity==, overweight and underweight in children, adolescents and adults
📄   with autism spectrum disorder, ==attention-deficit== ==hyperactivity== disorder: A ==systematic== review and
      ==meta-analysis==

      Li, YJ; Xie, XN; (...); Lei, XY

      Dec 2020 | Aug 2020 (Early Access) | OBESITY REVIEWS   21 (12)

      Individuals with autism spectrum disorder (ASD) or ==attention-deficit hyperactivity== disorder (==ADHD==) may have unhealthy
      bodyweight. This ==meta-analysis== was performed to understand the weight status in individuals with ASD or ==ADHD==. PubMed,
      Embase, Cochrane and ISI Web of Science databases were searched from inception until June 202(...   Show more

      Find it @ Brock   View full text   •••

37
Citations

149
References

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The Impact of COVID-19 School Closure on Child and Adolescent Health: A Rapid Systematic Review

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Abstract School closures during pandemics raise important concerns for children and adolescents. Our aim is synthesizing available data on the impact of school closure during the coronavirus disease 2019 (COVID-19) pandemic on child and adolescent health globally. We conducted a rapid systematic review by searching PubMed, Embase, and Google Scholar for any study published between January and September 2020. We included a total of ten primary studies. COVID-19-related school closure was associated with a significant decline in the number of hospital admissions and pediatric emergency department visits. However, a number of children and adolescents lost access to school-based healthcare services, special services for children with disabilities, and nutrition programs. A greater risk of widening

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(...) Abstract	School closures during pandemics raise import...
Publication	CHILDREN-BASEL
Volume	8
Issue	5
Pages	
Date	2021 MAY y m
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The impact of COVID-19 school closure on child and adolescent health: a rapid systematic review

S Chaabane, S Doraiswamy, K Chaabna, R Mamtani, S Cheema

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School closures during pandemics raise important concerns for children and adolescents. Our aim is synthesizing available data on the impact of school closure during the coronavirus disease 2019 (COVID-19) pandemic on child and adolescent health globally. We conducted a rapid systematic review by searching PubMed, Embase, and Google Scholar for any study published between January and September 2020. We included a total of ten primary studies. COVID-19-related school closure was associated with a

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Review

The Impact of COVID-19 School Closure on Child and Adolescent Health: A Rapid Systematic Review

Sonia Chaabane, Sathyanarayanan Doraiswamy, Karima Chaabna, Ravinder Mamtani and Sohaila Cheema *

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Abstract: School closures during pandemics raise important concerns for children and adolescents. Our aim is synthesizing available data on the impact of school closure during the coronavirus disease 2019 (COVID-19) pandemic on child and adolescent health globally. We conducted a rapid systematic review by searching PubMed, Embase, and Google Scholar for any study published between January and September 2020. We included a total of ten primary studies. COVID-19-related school closure was associated with a significant decline in the number of hospital admissions and pediatric emergency department visits. However, a number of children and adolescents lost access to school-based healthcare services, special services for children with disabilities, and nutrition programs. A greater risk of widening educational disparities due to lack of support and resources for remote learning were also reported among poorer families and children with disabilities. School closure also contributed to increased anxiety and loneliness in young people and child stress, sadness, frustration, indiscipline, and hyperactivity. The longer the duration of school closure and reduction of daily physical activity, the higher was the predicted increase of Body Mass Index and childhood obesity prevalence. There is a need to identify children and adolescents at higher risk of learning and mental health impairments and support them during school closures.

Keywords: school closure; rapid systematic review; COVID-19; child and adolescent health

1. Introduction

The coronavirus disease 2019 (COVID-19) pandemic has affected primary and secondary schooling worldwide. Temporary closure of over 90% of schools worldwide has been reported since March 2020 to mitigate the spread of COVID-19 [1]. This has impacted over 1.5 billion students globally [1]. School closures are driven by physical distancing policies derived from previous models of influenza outbreaks in which children are a vulnerable group for morbidity and play a major role in the spread of the infection [2–4]. However, available data for COVID-19 indicates that children (less than 18 years of age) and adolescents (10–19 years) are less susceptible to it than older adults [5], do not appear to significantly drive transmission [6], are a small fraction of the total COVID-19 cases, and have reduced vulnerability to complications as compared to adults [7,8].

In addition to providing knowledge and skills, schools offer an appropriate environment to promote healthy functioning and well-being among children and adolescents; they provide an ideal setting for students to acquire social and emotional skills, as well as behaviors that translate into positive real-life health outcomes [9,10]. Additionally, schools are considered an essential setting for children's physical activity [11,12]. For children and adolescents with special educational or mental health needs, schools are critical, and in some cases, the only provider of resources that they depend on [13]. School routines also serve as important coping mechanisms for young people with mental health issues [14]. Furthermore, in some middle-income countries, such as Thailand, approximately 60%

2. Materials and Methods

We conducted a rapid systematic review following the Cochrane guideline for rapid reviews [29]. The protocol was registered in the Open Science Framework and is available at https://osf.io/n294h (accessed on 16 September 2020). In this review, we synthesize available data on the impact of school closure during the COVID-19 pandemic on child and adolescent health.

2.1. Search Strategy and Selection Criteria

A broad search strategy was developed to systematically identify studies on the impact of school closure during the ongoing COVID-19 pandemic on child and adolescent health using keywords and controlled vocabulary. Search terms related to the school/kindergarten/nursery closure and COVID-19 were used. We systematically searched PubMed, Embase, and Google Scholar for grey and non-grey literature between 1 January and 2 September 2020. No restrictions to a specific health condition or language of publication were applied at this stage.

Guidelines for conducting rapid systematic reviews involves a search with at least two literature search strategies limited to the English language [29]. For a comprehensive search, we included three search strategies (for the three databases respectively) and did not apply any language restrictions. For searching primary studies in rapid systematic reviews, it is particularly recommended to search PubMed and Embase databases [29]. It has been suggested that searching PubMed alone, as a proxy to Medline provides sufficient coverage for reviews [30]. Embase serves as a complement to PubMed and is known to produce unique references along with coverage of European and Asian journals [31]. Some evidence has shown that Google Scholar searches often identify different articles than

2.2. Inclusion and Exclusion Criteria

We included all types of studies reporting the impact of COVID-19 school closure on child and adolescent health. We considered school closure when reported in isolation as well as combined with other preventive measures, such as physical distancing, lockdown, and restriction on mass gatherings. Studies published in Arabic, English, French, and/or Urdu (languages spoken by the authors) were eligible to be included. We included quantitative and qualitative primary data on children and adolescents (attending kindergarten, primary, middle, and high schools). We excluded reviews, studies in university settings, and studies examining the indirect impact of school closure such as the impact on COVID-19 transmission, incidence, or mortality, and impact on the parents' health.
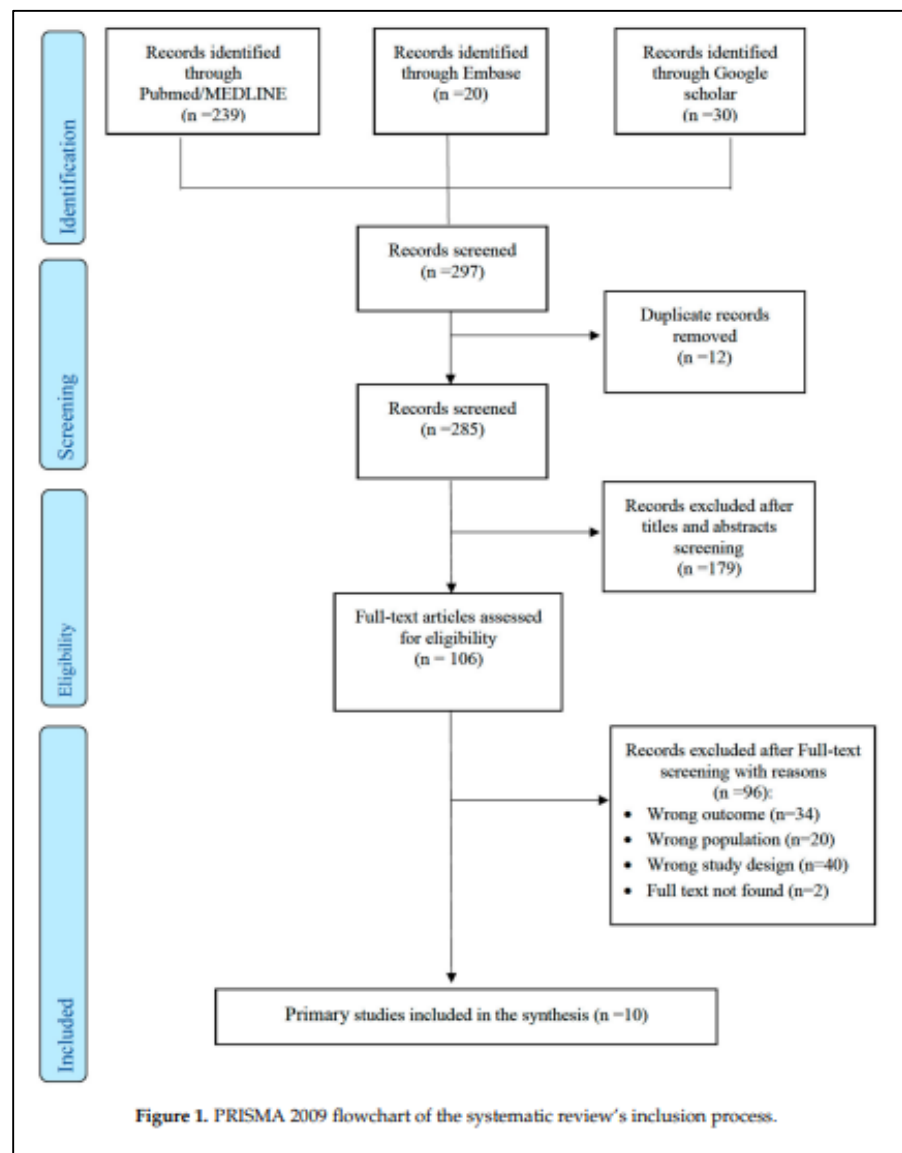
Figure 1 — PRISMA 2009 flowchart

Identification

Records identified through Pubmed/MEDLINE (n =239)

Records identified through Embase (n =20)

Records identified through Google scholar (n =30)

Screening

Records screened (n =297)

Duplicate records removed (n =12)

Records screened (n =285)

Records excluded after titles and abstracts screening (n =179)

Eligibility

Full-text articles assessed for eligibility (n = 106)

Records excluded after Full-text screening with reasons (n =96):
- Wrong outcome (n=34)
- Wrong population (n=20)
- Wrong study design (n=40)
- Full text not found (n=2)

Included

Primary studies included in the synthesis (n =10)

Figure 1. PRISMA 2009 flowchart of the systematic review's inclusion process.

Table 1. Characteristics of the included primary studies on the impact of school closure on child and adolescent health.

Publication Country Data Source	Study Design/Analysis	Population Characteristics	Types of Interventions Duration of School Closure	Outcomes	Findings
An, R., 2020 [38] USA Early Childhood Longitudinal Study	Microsimulation model	Children in kindergarten class of 2010–2011 (n = 15,631) were followed from kindergarten through 5th grade 6–10 years	Scenario 1: 2-month nationwide school closure (April and May 2020) with COVID-19 vs. 2-months nationwide school closure in April and May 2020 without COVID-19	Increase in the body mass index z-scores Childhood obesity prevalence	An increase in the mean BMIz by 0.056 unit An increase in childhood obesity prevalence by 0.640 percentage points
			Scenario 2: Scenario 1 + 10% reduction in daily physical activity in the summer from June to August	Increase in the body mass index z-scores Childhood obesity prevalence	An increase in the mean BMIz by 0.084 An increase in childhood obesity prevalence by 0.972 percentage points
			Scenario 3: Scenario 2 + 2-month school closure in September and October; November and December	Increase in the body mass index z-scores Childhood obesity prevalence	An increase in the mean BMIz by 0.141 units An increase in childhood obesity prevalence by 1.676 percentage points
			Scenario 4: Scenario 3 + 2-month school closure in November and December	Increase in the body mass index z-scores Childhood obesity prevalence	An increase in the mean BMIz by 0.198 units An increase in childhood obesity prevalence by 2.373 percentage points
			Comparison of the control scenario without the COVID-19 pandemic and the 4 alternative scenarios with COVID-19	Childhood obesity (BMIz in the 95th percentile or higher in the growth chart)	"Compared to girls and non-Hispanic whites and Asians, the impact of COVID-19 on childhood obesity was modestly larger among boys and non-Hispanic blacks and Hispanics, respectively."

4. Discussion

This rapid systematic review identified a total of ten studies reporting both positive and negative impact of the COVID-19 school closure on child and adolescent mental and physical health as well as on accessibility issues related to learning, school-based healthcare services, nutrition, and dedicated services for special groups.

Our results suggest that the COVID-19 school closure made several critical services inaccessible for children and adolescents—school-based healthcare services, essential resources programs for children with disabilities (engagement with specialized educators and structured learning environments), and school and childcare-based nutrition programs providing food to underprivileged children. A positive impact of COVID-19 school closure on child and adolescent health includes a significant decline in the number of hospital admissions and pediatric emergency department visits. Though there was a decline in the number of maltreatment reports for children, it is unclear if this is due to a reduction in the maltreatment incidence or due to decreased reporting. COVID-19-related school closure negatively impacted child and adolescent mental (e.g., anxiety, loneliness, sadness, frustration) and physical (e.g., increased BMI) health morbidity.

A greater risk of widening educational disparities due to the lack of support caused by the limited availability of parents and resources for remote learning was reported among poorer families and among children with disabilities. School closure also contributed to increased anxiety among children and loneliness in young people along with a significant increase in child stress, sadness, frustration, indiscipline, and hyperactivity. Although children's sleep timings were greatly altered during the lockdown, their sleep quality was, in general, not impacted. An alteration or breakdown in daily routines for youth was also reported. Suicide rates among children and adolescents during COVID-19-related school

5. Conclusions

Findings from our rapid review suggests that the impact of school closures during the COVID-19 pandemic includes loss of access to school-based and critical services and resources particularly for children with disabilities and those living in poorer families. COVID-19 school closures were also associated with increased stress among children and emotional reactions (e.g., sadness, frustration, indiscipline) in addition to the breakdown in daily routines. The longer the duration of school closure and the daily reduction in physical activity, the higher the predicted increase of the BMI and childhood obesity prevalence. Concerns about children and adolescents' ability to learn during pandemic related school closures needs further follow-up and special consideration in future research and evaluation studies. Harms of school closure on child and adolescent health seem to exceed some indicators of positive health care system effects. It would be helpful to assess other health and social effects—such as the quality of life of children and their families, lifestyle, screen time, education/learning, cognitive development, social interactions including social media use—resulting from school closures. Custom tailored benefit and risk assessments specific to the local socioeconomic context, health system, and school resources are essential when considering school closures.

Chaabane, S., Doraiswamy, S., Chaabna, K., Mamtani, R., & Cheema, S. (2021). The impact of covid-19 school closure on child and adolescent health: A rapid systematic review. *Children, 8*(5), 415. https://doi.org/10.3390/children8050415

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Is ADHD associated with increased risk of obesity in children?

First: Look for an evidence synthesis resources on your
research question or topic

Second: Look for scholarly peer-reviewed resources on your
research question or topic

Library Seminar Agenda

- Top 10 resources you should know about!
- Evidence synthesis 101 – Rapid Reviews
- Brock Library Systematic Reviews & Evidence Syntheses Library Research Guide
- Brock Library HLSC/CHYS Library Research Guides
- Scholarly databases – lots of them!
- Being a competent searcher/researcher
- Where, how and when to get help

What is your research question?

What scholarly databases best mirror you research question?

Is ADHD associated with increased risk of obesity in children?

HLSC: Google Scholar, Embase, Web of Science Core Collection, Web of Science Complete, Web of Science MEDLINE, CINAHL Complete, PsycINFO

CHYS: ProQuest Sociology Collection; PsycINFO; Education Source; ERIC

Evidence synthesis: Web of Science Complete, MEDLINE, Embase, Google Scholar Cochrane, OSF Preprints, Prospero, ~~Scopus~~

Is ADHD associated with increased risk of obesity in children?

HLSC: Google Scholar, Embase, Web of Science Core Collection, Web of Science Complete, Web of Science MEDLINE, CINAHL Complete, PsycINFO

CHYS: ProQuest Sociology Collection; PsycINFO; Education Source; ERIC

Evidence synthesis: Web of Science Complete, MEDLINE, Embase, Google Scholar Cochrane, OSF Preprints, Prospero, ~~Scopus~~

Searching is a non-linear and potentially iterative process.
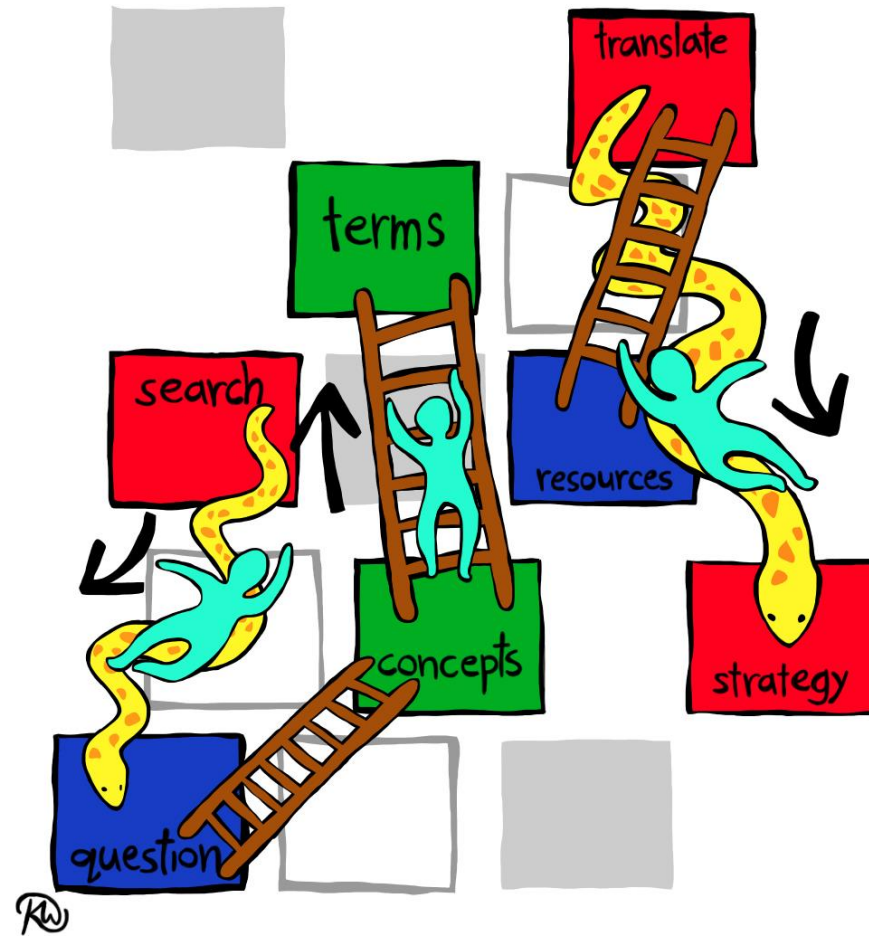
Is ADHD associated with increased risk of obesity in children?

Evidence-based search question frameworks:

> PICO: Population/problem, Intervention/exposure, Comparison, and Outcome
> SPICE: Setting, Perspective, Interest, Comparison, Evaluation
> Concepts: Main search concepts

Is ADHD associated with increased risk of obesity in children?

Evidence-based search question frameworks:

PICO: Population/problem, Intervention/exposure, Comparison, and Outcome

P: (Who is the question focused on?)
I: (What behavior or variable is being studied?)
C: (How might I evaluate this issue with a broader context?)
O: (What in relation to this issue do I want to examine?)

Is ADHD associated with increased risk of obesity in children?

Evidence-based search question frameworks:

SPICE: Setting, Perspective, Interest/Intervention/Exposure, Comparison, Evaluation

S: (Setting is the context for the question)
P: (Perspective is the users, potential users, or stakeholders of the service…)
I: (Intervention is the action taken for the users, potential users, or stakeholders…)
C: (Comparison is the alternative actions or outcomes…)
E: (Evaluation is the result of measurement that will determine the success of the intervention…)

Is ADHD associated with increased risk of obesity in children?

Evidence-based search question frameworks:

Main Search Concepts

What are the main search concepts/populations/issue of interest for your rapid review?

Is ADHD associated with increased risk of obesity in children?

Evidence-based search question frameworks:

Main Search Concepts

What are the main search concepts/populations/issue of interest for your rapid review?

1. ADHD
2. obesity
3. children

Is ADHD associated with increased risk of obesity in children?

1. ADHD
2. obesity
3. children

1. ADHD or "attention deficit disorder"

   AND

2. Obesity# or obese or "body weight"

   AND

3. Children or child* or boy or girl or student*

   AND

Language=English; Date=2000+; Format=scholarly peer review articles; Humans

Databases:

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Currency of information: 2000+
Language: English
Discipline: Health/Physiology
Format: Scholarly articles

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Zotero

What is another word for obesity? 🔊

Need *synonyms for obesity*? Here's a list of *similar words* from our *thesaurus* that you can use instead.

Noun

The state of being extremely overweight

fatness	corpulence	plumpness	chubbiness	fleshiness	portliness
rotundity	grossness	embonpoint	fat	weight	pudginess
pursiness	corpulency	stoutness	adiposity	heaviness	fattiness
flab	podginess	tubbiness	bulk	beef	flabbiness	chunkiness
paunchiness	bulkiness	size	largeness	overweight	avoirdupois
rotundness	overweightness	weight problem	roundness	porkiness
meatiness	paunch	blubber	beefiness	heftiness	beer belly
bloatedness	flesh	dumpiness	excessive weight	pot belly
beer gut	burliness	sphericalness	fubsiness	stockiness	softness

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National Library of Medicine
National Center for Biotechnology Information

MeSH   MeSH ⌄   obesity

Limits   Advanced

Full ⌄   Se

Obesity

A status with BODY WEIGHT that is grossly above the recommended standards, usually due to accumulation of excess FATS in the body. Th
standards may vary with age, sex, genetic or cultural background. In the BODY MASS INDEX, a BMI greater than 30.0 kg/m2 is considered
and a BMI greater than 40.0 kg/m2 is considered morbidly obese (MORBID OBESITY).

PubMed search builder options
Subheadings:

☐ blood   ☐ enzymology   ☐ pathology
☐ cerebrospinal fluid   ☐ epidemiology   ☐ physiopathology
☐ chemically induced   ☐ ethnology   ☐ prevention and control
☐ classification   ☐ etiology   ☐ psychology
☐ complications   ☐ genetics   ☐ radiotherapy
☐ congenital   ☐ history   ☐ rehabilitation
☐ diagnosis   ☐ immunology   ☐ surgery
☐ diagnostic imaging   ☐ metabolism   ☐ therapy
☐ diet therapy   ☐ microbiology   ☐ urine
☐ drug therapy   ☐ mortality   ☐ veterinary
☐ economics   ☐ nursing   ☐ virology
☐ embryology   ☐ parasitology

- Appetite Depressants
- Body Weight
- Diet, Reducing
- Skinfold Thickness
- Lipectomy
- Anti-Obesity Agents
- Bariatrics

All MeSH Categories
   Diseases Category
      Nutritional and Metabolic Diseases
         Nutrition Disorders
           Overnutrition
              Overweight
                Obesity
                  Obesity Hypoventilation Syndrome
                  Obesity, Abdominal
                  Obesity, Maternal
                  Obesity, Metabolically Benign
                  Obesity, Morbid
                  Pediatric Obesity
                  Prader-Willi Syndrome

All MeSH Categories
   Diseases Category
      Pathological Conditions, Signs and Symptoms
         Signs and Symptoms
           Body Weight
              Overweight
                Obesity
                  Obesity, Abdominal
                  Obesity, Maternal
                  Obesity, Metabolically Benign
                  Obesity, Morbid
                  Pediatric Obesity

Full ⌄

Child

A person 6 to 12 years of age. An individual 2 to 5 years old is CHILD, PRESCHOOL.

PubMed search builder options

☐ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): M01.060.406
MeSH Unique ID: D002648
Entry Terms:

- Children

See Also:

- Only Child
- Minors

    All MeSH Categories
        Persons Category
            Persons
                Age Groups
                    Child
                        Child, Preschool

Attention Deficit Disorder with Hyperactivity

A behavior disorder originating in childhood in which the essential features are signs of developmentally inappropriate inattention, impulsivity, and hyperactivity. Although most individuals have symptoms of both inattention and hyperactivity-impulsivity, one or the other pattern may be predominant. The disorder is more frequent in males than females. Onset is in childhood. Symptoms often attenuate during late adolescence although a minority experience the full complement of symptoms into mid-adulthood. (From DSM-V)

Year introduced: 1984

Entry Terms:

- Attention Deficit Disorders with Hyperactivity
- ADHD
- Attention Deficit Hyperactivity Disorder
- Hyperkinetic Syndrome
- Syndromes, Hyperkinetic
- Attention Deficit-Hyperactivity Disorder
- Attention Deficit-Hyperactivity Disorders
- Deficit-Hyperactivity Disorder, Attention
- Deficit-Hyperactivity Disorders, Attention
- Disorder, Attention Deficit-Hyperactivity
- Disorders, Attention Deficit-Hyperactivity
- ADDH
- Attention Deficit Hyperactivity Disorders
- Attention Deficit Disorder
- Attention Deficit Disorders
- Deficit Disorder, Attention
- Deficit Disorders, Attention
- Disorder, Attention Deficit
- Disorders, Attention Deficit
- Brain Dysfunction, Minimal
- Dysfunction, Minimal Brain
- Minimal Brain Dysfunction

Previous Indexing:

- Brain Damage, Chronic (1966-1968)

All MeSH Categories
    Psychiatry and Psychology Category
        Mental Disorders
            Neurodevelopmental Disorders
                Attention Deficit and Disruptive Behavior Disorders
                    Attention Deficit Disorder with Hyperactivity

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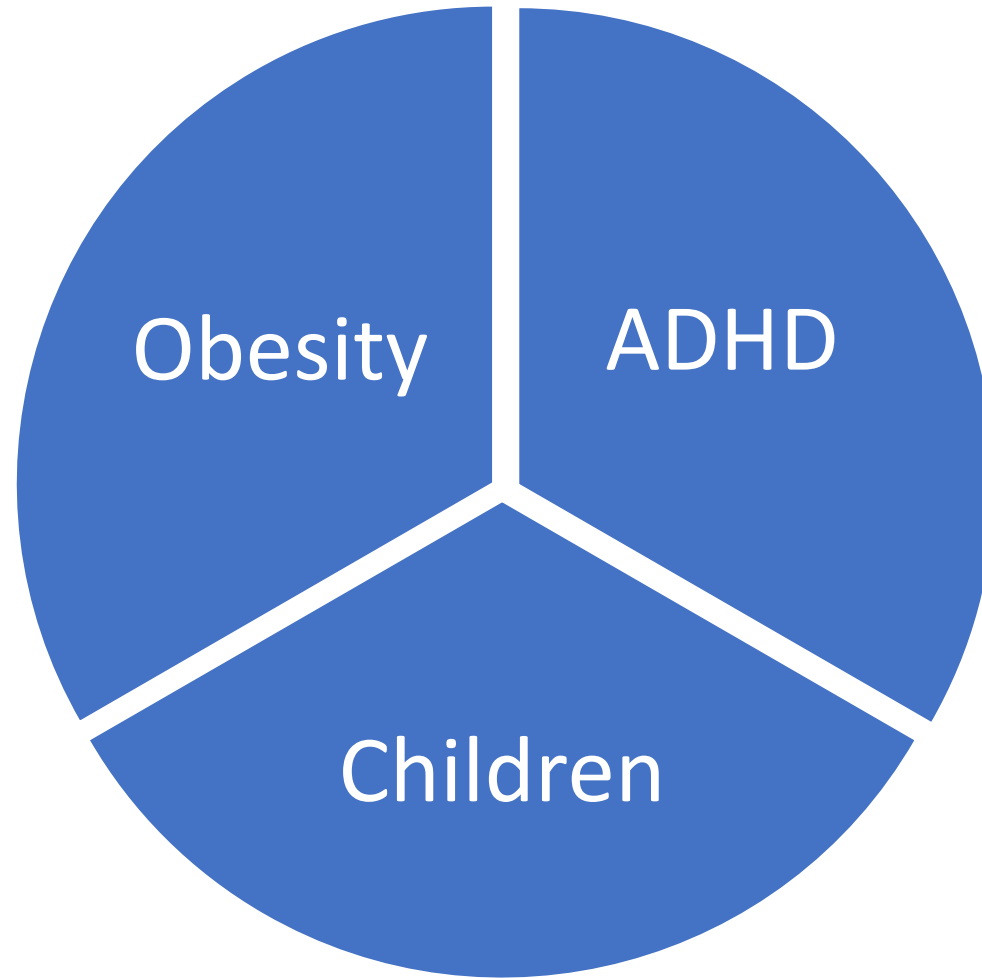
Databases
Currency of information
Language
Discipline
Format

Is ADHD associated with increased risk of obesity in children?
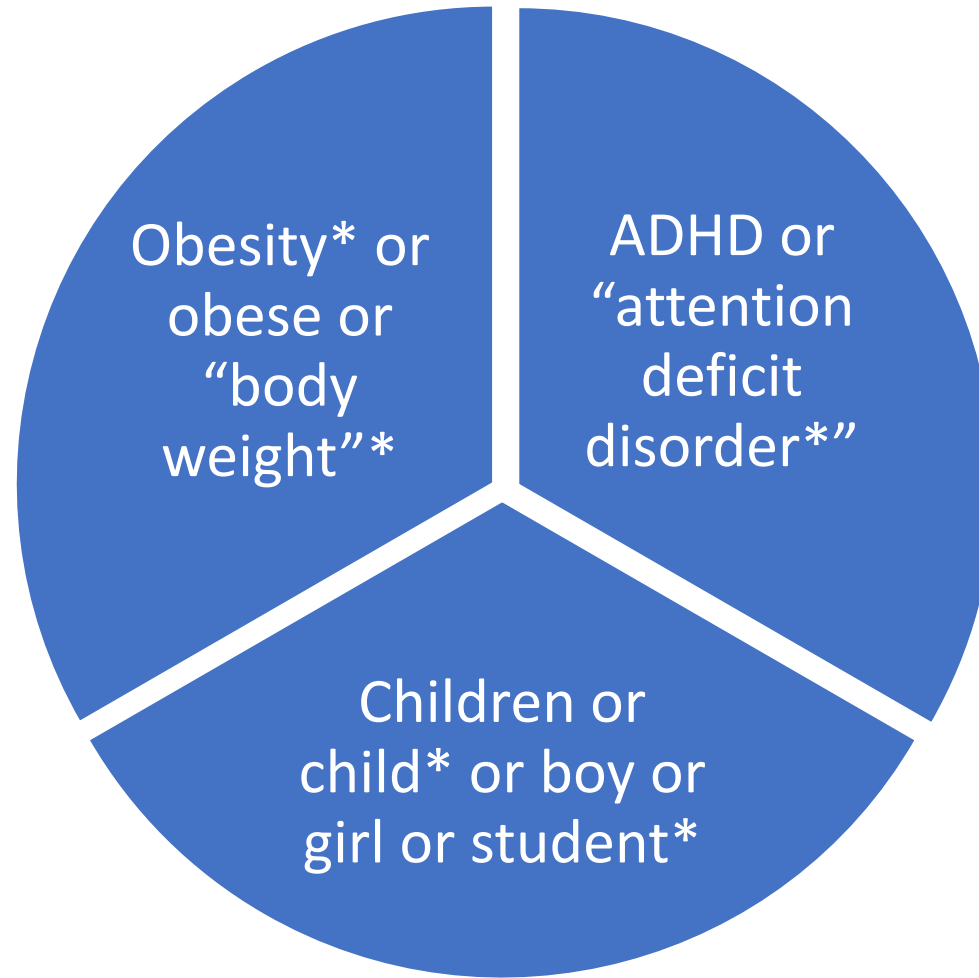
Obesity* or obese or "body weight"*

ADHD or "attention deficit disorder*"

Children or child* or boy or girl or student*

Databases:

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Currency of information: 2000+
Language: English
Discipline: Health/Physiology
Format: Scholarly articles

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	# ▲	Searches
☐		**Searches**
☐	1	*obesity/ or abdominal obesity/ or adolescent obesity/ or diabetic obesity/ or genetic obesity disorder/ or morbid obesity/ or normal weight obesity/
☐	2	(obese or obesity or overweight).ti,ab,kw.
☐	3	*attention deficit hyperactivity disorder/
☐	4	1 or 2
☐	5	3 and 4
☐	6	limit 5 to (human and english language)
☐	7	limit 6 to yr="2000 –Current"

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605946	Advanced	Display Results	More ∨
4755	Advanced	Display Results	More ∨
636226	Advanced	Display Results	More ∨
80	Advanced	Display Results	More ∨
77	Advanced	Display Results	More ∨
77	Advanced	Display Results	More ∨

☑ 3.

Prevalence of attention-deficit/hyperactivity disorder and autism in 12-year-old children: A population-based cohort.

Fast K., Wentz E., Roswall J., Strandberg M., Bergman S., Dahlgren J.

Developmental Medicine and Child Neurology. (no pagination), 2023. Date of Publication: 2023.

[Article]

Publisher
John Wiley and Sons Inc

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☑ 6.

The longitudinal influence of ADHD status and stimulant medication on body mass index and blood pressure among youth with ==obesity==.

Kollin S.R., Lim C.S., Lee A.A.

Pediatric Obesity. 18(9) (no pagination), 2023. Article Number: e13058. Date of Publication: September 2023.

[Article]

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☑ 7.

Attention-deficit/hyperactivity disorder is not associated with ==overweight== in adolescence but is related to unhealthy eating behavior and limited physical activity.

Halt A.-H., Hirvonen T.-T., Koskela J., Kerkela M., Hurtig T.

Nordic Journal of Psychiatry. 77(6) (pp 591-599), 2023. Date of Publication: 2023.

[Article]

Publisher
Taylor and Francis Ltd.

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49 citations

CINAHL Complete via EBSCOhost

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1. The Environmental Influences on **Child** Health Outcomes (ECHO)-Wide Cohort.

Academic
Journal

(includes abstract) Knapp, Emily A; Kress, Amii M; Parker, Corette B; Page, Grier P; McArthur, Kristen; Gachigi, Kennedy K; Alshawabkeh, Akram N; Aschner, Judy L; Bastain, Theresa M; Breton, Carrie V; Bendixsen, Casper G; Brennan, Patricia A; Bush, Nicole R; Buss, Claudia; Camargo, Carlos A; Catellier, Diane; Cordero, José F; Croen, Lisa; Dabelea, Dana; Deoni, Sean American Journal of Epidemiology, Aug2023; 192(8): 1249-1263. 15p. (Journal Article - research, tables/charts) ISSN: 0002-9262

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2. Psychiatric comorbidity associated with weight status in 9 to 10 year old **children**.

Academic
Journal
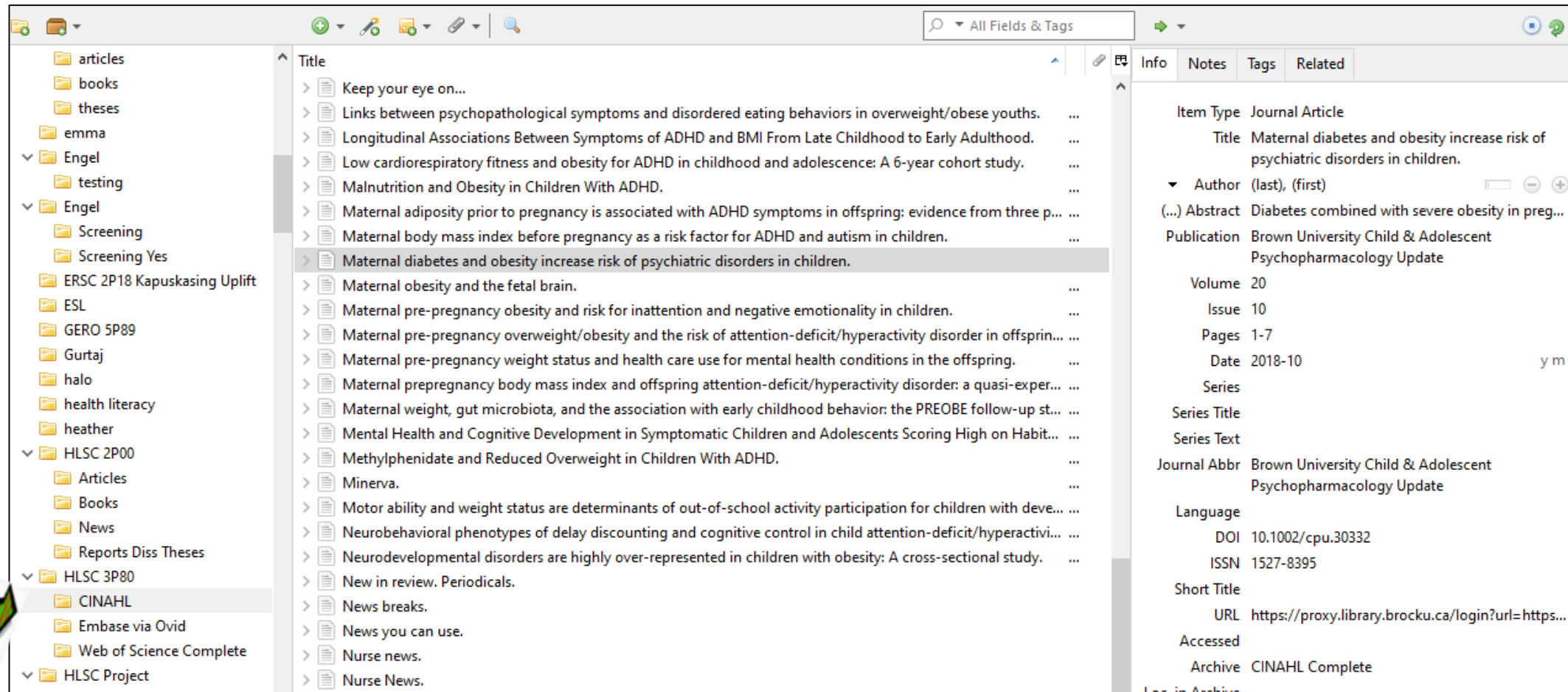
(includes abstract) Smith, Kathryn E.; Mason, Tyler B. Pediatric Obesity, May2022; 17(5): 1-6. 6p. (Journal Article - research, tables/charts) ISSN: 2047-6302

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3. Mental Health and Cognitive Development in Symptomatic **Children** and Adolescents Scoring High on Habitual Snoring: Role of Obesity and Allergy.

Academic
Journal

(includes abstract) Zaffanello, Marco; Pietrobelli, Angelo; Zoccante, Leonardo; Ferrante, Giuliana; Tenero, Laura; Piazza, Michele; Ciceri, Marco Luigi; Nosetti, Luana; Piacentini, Giorgio **Children**, Jul2023; 10(7): 1183. 16p. (Journal Article - research, tables/charts) ISSN: 2227-9067

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DOCUMENTS   **CITED REFERENCES**

Topic ∨
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"Attention Deficit*" or Hyperact* or ADHD* ✕

⊖ And ∨ Topic ∨
Example: oil spill* mediterranean
obesity or obese ✕

⊖ And ∨ Topic ∨
Example: oil spill* mediterranean
child* ✕

+ Add row   **+ Add date range**   Advanced Search

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1,014 results from MEDLINE® :

Analyze Results   Citation Report   🔔 Create Alert

🔍 "Attention Deficit*" or Hyperact* or ADHD* (Topic) and **obesity or obese** (Topic) and **child*** (Topic)   Search

⊕ Add Keywords | Quick add keywords: ‹ + ADDICTIVE LIKE EATING   + ADHD   + ATTENTION DEFICIT   + LOSS OF CONTROL EATING   + HYPERACT ›

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☑ 1   Insomnia and attention deficit hyperactivity disorder in pediatrics: a checklist for parents.
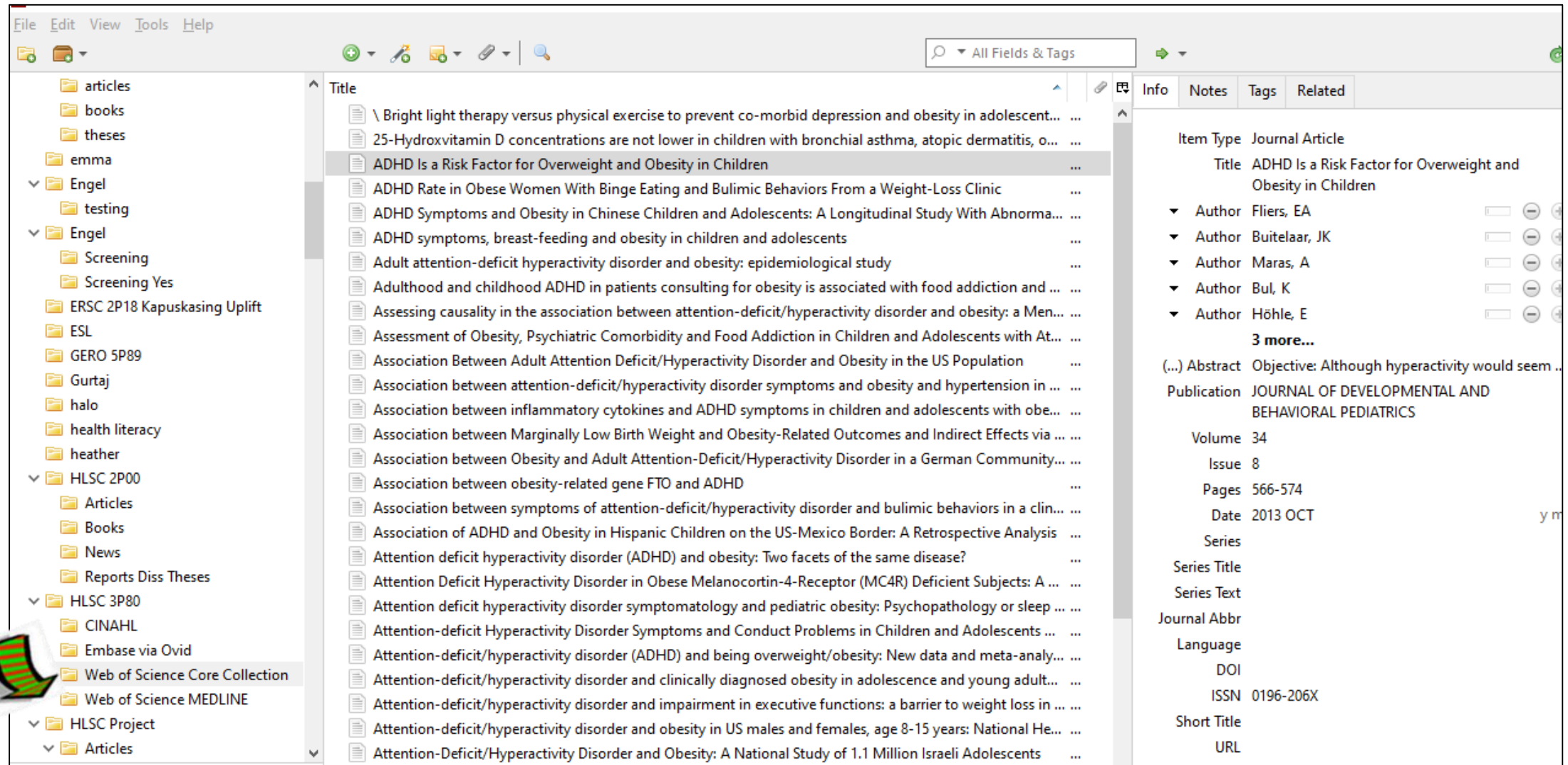
Yarlagadda, Atmaram; Connell, Megan A; (...); Clayton, Anita H
2013-nov | Innovations in clinical neuroscience 10 (11-12) , pp.19-22

Attention deficit hyperactivity disorder is a commonly diagnosed condition in the pediatric as well as adult psychiatric
population. Attention deficit hyperactivity disorder has undoubtedly been over diagnosed and treated with both stimulants
and non-stimulants over the past few decades. Behavior problems in children are commonly notic ...   Show more

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1014 citations

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Example: water consum*

⊖ | And ⌄ | Title ⌄ | obesity or obese ✕ |

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[Search]

[⊕ Add Keywords]   Quick add keywords: ‹   [+ ATTENTION DEFICIT HYPERACTIVITY DISORDER]   [+ ATTENTION-DEFICIT]   [+ ADHD]   [+ HYPERACTIVITY DISORDER]   [+ BINGE E   ›]

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☑ 1   Attention-deficit Hyperactivity Disorder Symptoms and Conduct Problems in Children and Adolescents with Obesity

🔓

Sönmez, AO; Yavuz, BG; (...); Semiz, S

2019 | MEDICAL BULLETIN OF SISLI ETFAL HOSPITAL   53 (3) , pp.300-305

Objectives: Recent studies focus on the potential factors that increase the potantial risks of obesity in children and adolescents. According to research for the past years, one of the factors that increases the risk of obesity may be attention- deficit hyperactivity disorder (ADHD). We hypothesized that overweight/obese children and adolescents that apply to pediatric endocrinology for treatme   ...   Show more

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☰ Sociology Collection

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Education Source database
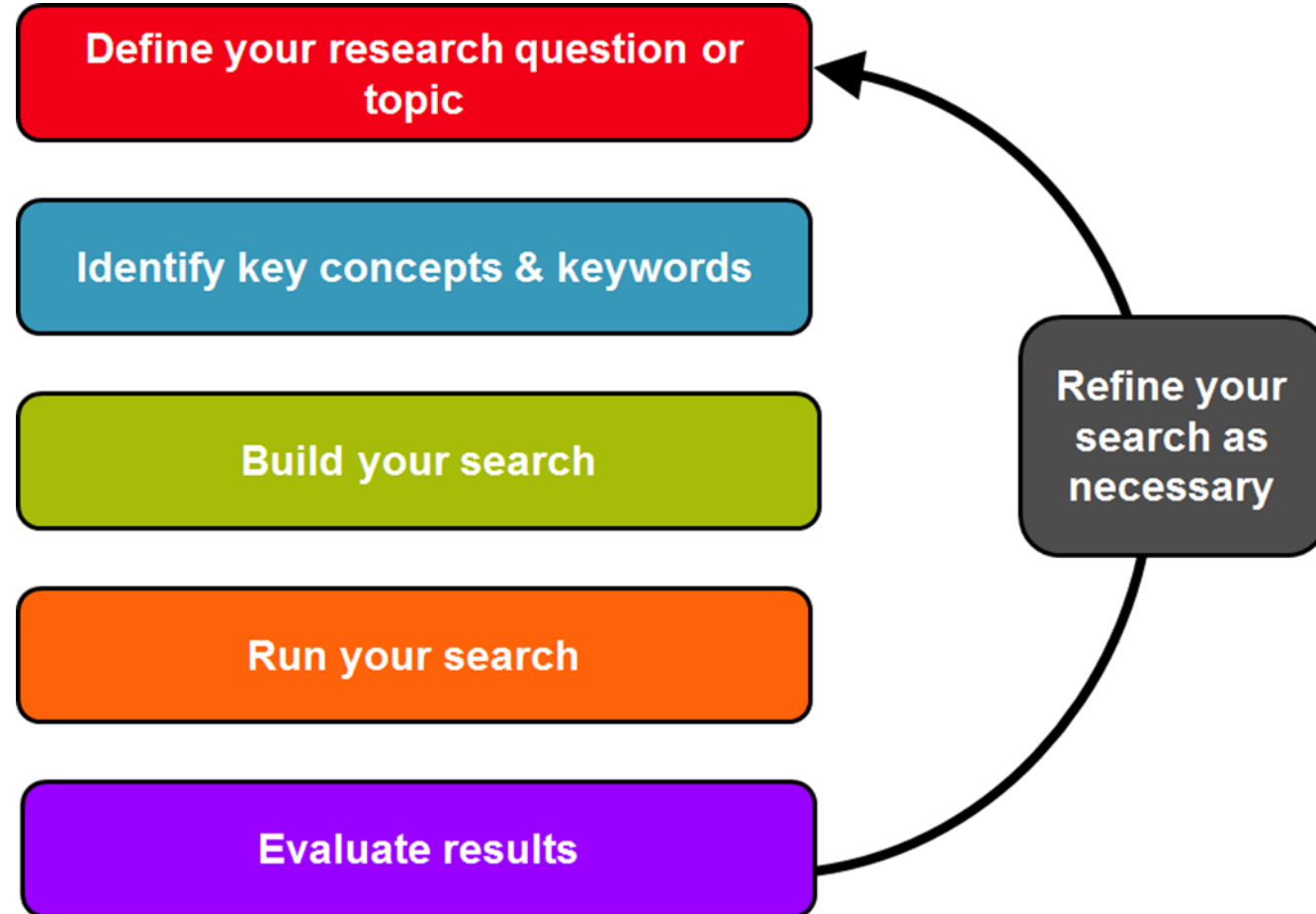
Is ADHD associated with increased risk of obesity in children?

MEDLINE via Web of Science	1014
CINAHL	150
Web of Science Core Collection	93
Embase via Ovid	<u>49</u>
	1306

Is ADHD associated with increased risk of obesity in children?

Screening criteria

Inclusion

scholarly articles
date: 2000+
language: English
population: Children 6-12
Humans

Exclusion

study design e.g. random trials
outcome/health indicators e.g. physiology
types of data e.g. BMI
wrong population, adolescents+

https://researchguides.library.brocku.ca/database-covidence

covidence

Covidence ☐
- This web-based software platform streamlines systematic reviews and other research reviews that require screening citations – title and abstract and/or full text -- assessing risk of bias, or and extracting study characteristics and outcomes.
- Users must create an account to utilize Brock's access to this tool.
- Find help and answers to FAQs in Covidence's online knowledge base.

more info...

Search studies

Review Summary

⚙ Settings ▤ PRISMA ☁ Export

Import references

150 total duplicates removed

● Import in progress

∧ Title and abstract screening

0 irrelevant   1070 studies to screen

TEAM PROGRESS
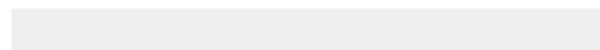
0 ● DONE   0 ● CONFLICTS

0 ● ONE VOTE   1070 ● NO VOTES

⚙ Team settings

**IAN D,
YOU CAN STILL**

SCREEN

1070

Continue

📊 You've screened **0** studies so far

∨ Full text review

0 excluded   0 studies to screen

∨ Extraction

0 extracted   0 studies to extract

Covidence database screening

Health, Chronic Conditions, and Behavioral Risk Disparities Among U.S. Immigrant Children and Adolescents.

Singh, Gopal K.; Yu, Stella M.; Kogan, Michael D.

▼ Abstract

Objective. We examined differentials in the prevalence of 23 parent-reported health, chronic condition, and behavioral indicators among 91,532 children of immigrant and U.S.-born parents. Methods. We used the 2007 National Survey of Children's Health to estimate health differentials among 10 ethnic-nativity groups. Logistic regression yielded adjusted differentials. Results. Immigrant children in each racial/ethnic group had a lower prevalence of depression and behavioral problems than native-born children. The prevalence of autism varied from 0.3% among immigrant Asian children to 1.3%--1.4% among native-born non-Hispanic white and Hispanic children. Immigrant children had a lower prevalence of asthma, attention deficit disorder/attention deficit hyperactivity disorder; developmental delay; learning disability; speech, hearing, and sleep problems; school absence; and ≥1 chronic condition than native-born children, with health risks increasing markedly in relation to mother's's duration of residence in the U.S. Immigrant children had a substantially lower exposure to environmental tobacco smoke, with the odds of exposure being 60%--95% lower among immigrant non-Hispanic black, Asian, and Hispanic children compared with native non-Hispanic white children. Obesity prevalence ranged from 7.7% for native-born Asian children to 24.9%--25.1% for immigrant Hispanic and native-born non-Hispanic black children. Immigrant children had higher physical inactivity levels than native-born children; however, inactivity rates declined with each successive generation of immigrants. Immigrant Hispanic children were at increased risk of obesity and sedentary behaviors. Ethnic-nativity differentials in health and behavioral indicators remained marked after covariate adjustment. Conclusions. Immigrant patterns in child health and health-risk behaviors vary substantially by ethnicity, generational status, and length of time since immigration. Public health programs must target at-risk children of both immigrant and U.S.-born parents.

💬 Note   🕔 History   🚫 Duplicate

No   Maybe   Yes

Is ADHD associated with increased risk of obesity in children?

MEDLINE via Web of Science	1014
CINAHL	150
Web of Science Core Collection	93
Embase via Ovid	<u>49</u>
	1306
Covidence duplicates removed	150
Covidence rapid review full text screening	1070
Final set	??

PRISMA 2020 Word flow chart generator

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only

Identification of studies via databases and registers

Identification

Records identified from*:
  Databases (n =)
  Registers (n =)

→ Records removed *before screening*:
  Duplicate records removed
  (n =)
  Records marked as ineligible
  by automation tools (n =)
  Records removed for other
  reasons (n =)

Screening

Records screened
(n =)

→ Records excluded**
(n =)

Reports sought for retrieval
(n =)

→ Reports not retrieved
(n =)

Reports assessed for eligibility
(n =)

→ Reports excluded:
  Reason 1 (n =)
  Reason 2 (n =)
  Reason 3 (n =)
  etc.

Included

Studies included in review
(n =)
Reports of included studies
(n =)

*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

![PRISMA] **PRISMA 2009 Checklist**

Section/topic	#	Checklist item	Pg #
TITLE (+ Format/Style Guidelines [as per above] /10)			
Title	1	Identify the report as a systematic review, meta-analysis, or both. – Your paper is to be a Rapid Review. Create a title specific to *your* paper (be creative!) and include in the title that it is a Rapid Review.	
ABSTRACT /10			
Structured summary	2	Provide a structured summary including, **as applicable:** background; objectives; data sources; study eligibility criteria, participants, and interventions (may not apply); study appraisal ~~and synthesis methods~~; results; limitations; conclusions and implications of key findings; ~~systematic review registration number.~~ A 'structured summary' means an Abstract with subtitles (e.g., Background, Objectives, Methods, Results, Conclusions)	
INTRODUCTION /10			
Rationale	3	Describe the rationale for the review in the context of what is already known. (e.g., why is the review needed for your research question? Why is the topic important? Note: you can draw on sources other than articles included in your review for introduction material, if needed [they must still be appropriate sources and referenced appropriately]) You likely have some of this component from your research proposal.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions (or exposure, if no intervention), comparisons, outcomes, and study design (PICOS). (i.e., this part is to conduct a rapid review of the literature on your research question – state your research question)	
METHODS /30		Methods will be outlining **how** you will do or did the Review.	
~~Protocol and registration~~	5	~~Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.~~ Not applicable.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale for the criteria used. What types of studies are you going to include or not include?	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, ~~contact with study authors to identify additional studies~~) in the search and date last searched. What are you searching and what was the last date that you searched these sources? (ie what databases? Hand searching of reference lists? etc)	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. (i.e., indicate your search string)	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, ~~and, if applicable, included in the meta-analysis~~). (ie how did you screen studies that resulted from the search to determine which me your eligibility criteria and to come to the ones that are included in your review?)	

PRISMA 2009 Checklist

Section/topic	#	Checklist item	pg #
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, ~~in duplicate~~) and any processes for obtaining and confirming data from investigators. (this component would typically have 2 or more individuals independently searching and sometime includes contacting investigators – yours will not, so it's fairly simple)	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. (i.e., what results, variables, and/or study characteristics are you pulling from the articles to report? [eg in your table])	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. (i.e. how will you assess the risk of bias in the studies? consider biases related to study design, sample/recruitment procedures, generalizability of sample, group assignment [randomization, blinding], measurement biases, confounding, funding, length of follow-up, etc.]	
~~Summary measures~~	~~13~~	~~State the principal summary measures (e.g., risk ratio, difference in means).~~	
~~Synthesis of results~~	~~14~~	~~Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I²) for each meta-analysis.~~	
Risk of bias *across studies*	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies, language bias, etc.).	
~~Additional analyses~~	~~16~~	~~Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.~~	
RESULTS /30 *Must include flow diagram and results summary table (NOTE: report results in the table and diagram **AND** describe them in the written paper). Results are now what you found from your process – your search results, the characteristics of the studies that you included in your review, the results of these studies in answer to your research question, risk of bias in those studies, and risk of bias across studies.*			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a **flow diagram**. (Results of your search – how many results, how many screened, how many excluded and way, etc. You must include a flow diagram, and outline this in your written discussion).	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. (ie what do the studies look like that you included in the review? Include Table AND describe in writing)	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). (assess each study for risk of bias – see item 12 methods for examples to consider; describe strengths/limitations of **individual** studies and commonalities in these individual study risk of biases across them)	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group ~~(b) effect estimates and confidence intervals, ideally with a forest plot.~~ (ie what did the studies find in answer to your research question?)	
~~Synthesis of results~~	~~21~~	~~Present results of each meta-analysis done, including confidence intervals and measures of consistency.~~	

![PRISMA logo] **PRISMA 2009 Checklist**

Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15 for examples; why might the results of your group of articles be biased? Are certainly results more likely to be included?)	
~~Additional analysis~~	~~23~~	~~Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).~~	
DISCUSSION /15 (e.g., answer to your research question; *overall* main conclusions and limitations or gaps identified in research reviewed; next steps/future research; limitations of *your* rapid review)			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). (overall – what did your rapid review find? What doe these studies say in answer to your research question? And what is the strength of this evidence available? What is the relevance – ie what do these results mean to those who could use this evidence?)	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias). (i.e., limitations overall of the studies that you reviewed, AND potential limitations of your rapid review – think about if/how our rapid review might have missed key evidence and why? Think about what makes a rapid review 'rapid' relative to a Systematic Review?)	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research. (sum up what the evidence says and means; what are implications for future research based on limitations identified in the research)	
~~**FUNDING**~~			
~~Funding~~	~~27~~	~~Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.~~	

| Citation	Study characteristic 1	Study characteristic 2	Study characteristic 3	Risk of Bias		
Dell'Agnello, G., Maschietto, D., Bravaccio, C., Calamoneri, F., Masi, G., Curatolo, P., Besana, D., Mancini, F., Rossi, A., Poole, L., Escobar, R., Zuddas, A., & LYCY Study Grp. (2009). Atomoxetine hydrochloride in the treatment of children and adolescents with attention-deficit/hyperactivity disorder and comorbid oppositional defiant disorder: A placebo-controlled Italian study. EUROPEAN NEUROPSYCHOPHARMACOLOGY, 19(11), 822–834						
Granato, M. F., Ferraro, A. A., Lellis, D. M., & Casella, E. B. (2018). Associations between Attention-Deficit Hyperactivity Disorder (ADHD) Treatment and Patient Nutritional Status and Height. Behavioural Neurology, 2018, 7341529–7341529.						
Guner, S., Uneri, O., Sekmen, E., Goker, Z., Cop, E., & Hekim, O. (2021). Assessment of Obesity, Psychiatric Comorbidity and Food Addiction in Children and Adolescents with Attention Deficit and Hyperactivity Disorder. PSYCHIATRY AND BEHAVIORAL SCIENCES, 11(2), 104–114						
Yim, G., Roberts, A., Ascherio, A., Wypij, D., Kioumourtzoglou, M., & Weisskopf, M. (2021). Association Between Periconceptional Weight of Maternal Grandmothers and						

What bias was introduced to your rapid review?
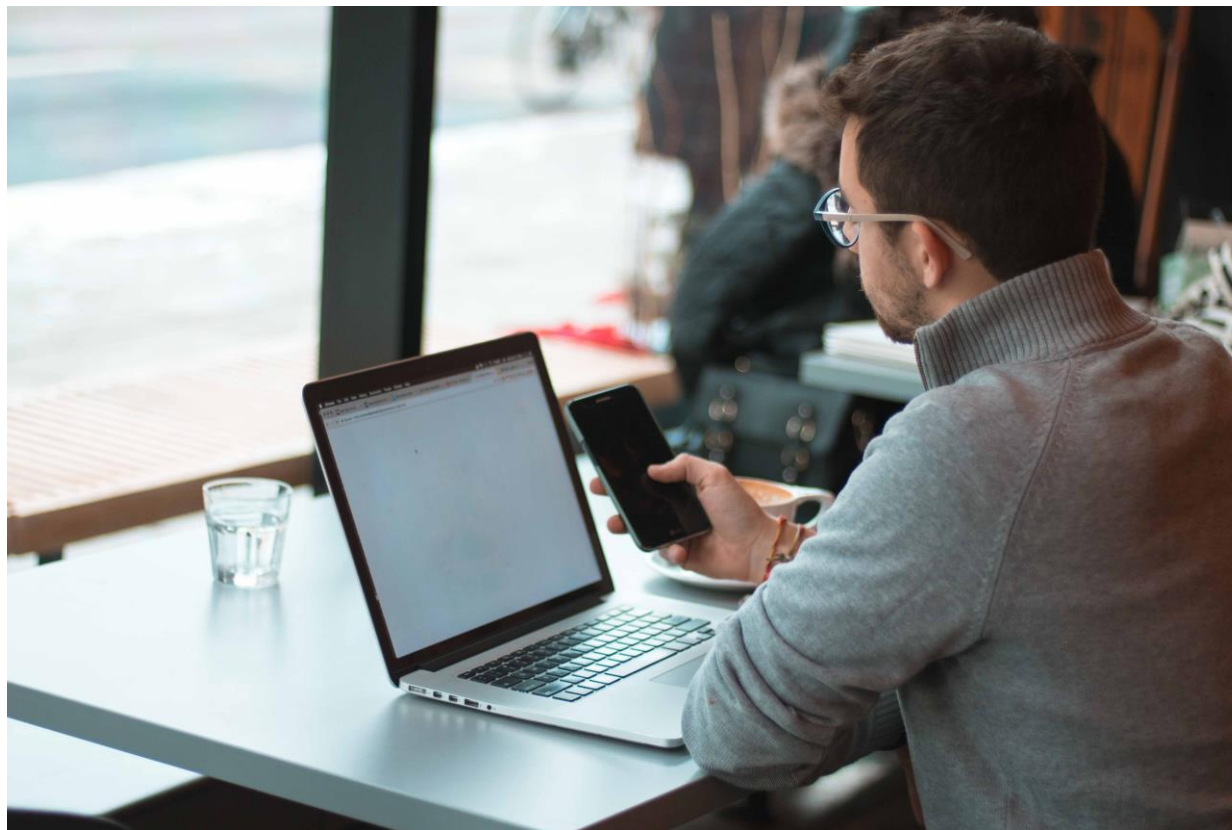
Man sitting near table with laptop photo
by Joseph Frank on Unsplash

TIPS

- Read through the HLSC / CHYS and Evidence Synthesis library research guides
- Experiment testing possible databases with your search strategies
- Think like the database you are searching e.g. MeSH term equivalents
- Look for a YouTube video for your database, process or software
- No need to use Covidence software for deduping or screening
- Start early – searching and evaluating resources is an iterative process
- Invest in using zoterobib and Zotero citation management software
- Follow course assignment guidelines and instructions
- Some digital resources work best on- vs. off-campus access
- Lean on colleagues when appropriate
- Book a consultation if needed

Library Seminar Agenda

- Top 10 resources you should know about!
- Evidence synthesis 101 – Rapid Reviews
- Brock Library Systematic Reviews & Evidence Syntheses Library Research Guide
- Brock Library HLSC/CHYS Library Research Guides
- Scholarly databases – lots of them!
- Being a competent searcher/researcher
- Where, how and when to get help

Where can I get help with seeking information?

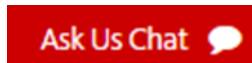Brock Library Evidence Synthesis Research Guide
https://researchguides.library.brocku.ca/systematicreviews

Brock Library HLSC/CHYS Research Guides
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1. Select One

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Research Consultation (30 minutes) ∨

- ○ Justine Cotton ⓘ
- ⦿ Ian Gordon (he/him) ⓘ
- ○ Jennifer Thiessen ⓘ
- ○ Elizabeth Yates ⓘ
- ○ Kymberly Ash ⓘ
- ○ Denise Smith ⓘ
- ○ Nicole Stradiotto
- ○ Vanja Stojanovic ⓘ

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Thursday, November 16, 2023

Time Zone: Eastern Time - US & Canada (change)

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